CERTIFICATION OF RECORD

STATE OF NORTH CAROLINA
CLEVELAND COUNTY
OFFICE OF THE REGISTER OF DEEDS

Death
204730

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

Book 103
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REGISTRATION DISTRICT NO. 23-CC LOCAL NO. _____ COUNTY OF DEATH Cleveland STATE FILE NO. _____

DECEDENT'S LEGAL NAME

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
Joan		Riggins		Kumiski
aka	aka	aka		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	56					May 25, 1964	Cumberland/NJ	February 18, 2021

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
2439 S. Post Rd.	Shelby	Cleveland

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Brian P. Riggins	Homemaker	Own Home

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
138-62-0543	North Carolina	Cleveland	Shelby

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
2439 S Post Rd	☐ Yes ☒ No	28152	☐ Yes ☒ No

Joan Riggins
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☒ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principle tribe)
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese ☐ Other (Specify)
☐ Other Asian (Specify)
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify)

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
Robert Kumiski	Joan Viola Garrison

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Brian P. Riggins	Husband	2439 S Post Rd Shelby, NC 28152

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
	Cecil M. Burton F.H. & Crematory	Shelby, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Cecil M. Burton	FS 1083	(Not Embalmed)	

22. NAME AND ADDRESS OF FUNERAL HOME
Cecil M. Burton Funeral Home & Crematory 106 Cherryville Road Shelby, NC 28150

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b. c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Atherosclerotic Cardiovascular Disease	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	d. Due to (or as a consequence of)	

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☒ Yes ☐ No	1:37 PM	☐ Yes ☒ Probably ☐ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

26b. IF YES ☐ Decinded by Medical Examiner

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation After the medical examiner has completed the medical examination, transit permit/cremation authorization if cremation is authorized. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc	31e. IF TRANSPORTATION INJURY SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
2-18-2021					

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
☐ Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☒ Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER	33b. LICENSE NUMBER	33c. DATE SIGNED (Month/Day/Year)
Gail H Brackett Cpt/P ME		2-19-2021

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
Gail H Brackett 5102 Seven Pines Rd Lawndale NC 28090	

34. FOR LOCAL REGISTRAR ONLY	35. DATE FILED (Month/Day/Year)
[illegible] Hanson / BB	2-25-2021

Substitute For DHHS 1872 (REVISED 11/2017) N.C. VITAL RECORDS

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

023-008462

Witness my hand and official seal this the 23RD day of FEBRUARY 20 21

Betsy S. Harnage
Register of Deeds
Cleveland County

By: _____ Deputy / Assistant Register of Deeds

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.